TN - Submission Package - TN2020MS0002O - (TN-21-0010) - Eligibility

Summary

Reviewable Units Versions Correspondence Log Approval Letter



CMS-10434 OMB 0938-1188

Medicaid State Plan Eligibility

Income/Resource Methodologies

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

Package Header

Package ID TN2020MS0002O

SPA ID TN-21-0010

Submission Type Official

Initial Submission Date 12/29/2021

Approval Date 3/23/2022

Effective Date 10/1/2021

Superseded SPA ID TN 92-7; TN 92-24

User-Entered

The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

A. Basic Financial Methodology

- 1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.
- 2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

B. Use of Less Restrictive Methodologies

1. The state elects to apply income and/or resources	methodologies that are less restrictive that	in those used under the cash assistance	e programs, in accordance
with 42 CFR 435.601(d).			

Yes

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

Package Header

Package ID TN2020MS00020

Submission Type Official

Approval Date 3/23/2022

Superseded SPA ID TN 92-7; TN 92-24

User-Entered

SPA ID TN-21-0010

Initial Submission Date 12/29/2021

Effective Date 10/1/2021

C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

a.The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

- (1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.
- (2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

Package Header

 Package ID
 TN2020MS00020
 SPA ID
 TN-21-0010

Submission TypeOfficialInitial Submission Date12/29/2021Approval Date3/23/2022Effective Date10/1/2021

Superseded SPA ID TN 92-7; TN 92-24

User-Entered

D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:

a. The individual applying, or

b. If the individual lives together with his or her spouse, the individual applying and the spouse, or

c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).

2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).

3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.

Yes

No

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

Package Header

Package ID TN2020MS0002O

Submission Type Official

Approval Date 3/23/2022

Superseded SPA ID TN 92-7; TN 92-24

User-Entered

E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

SPA ID TN-21-0010

Initial Submission Date 12/29/2021

Effective Date 10/1/2021

Yes

No

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS0002O | TN-21-0010

Package Header

 Package ID
 TN2020MS00020
 SPA ID
 TN-21-0010

Submission TypeOfficialInitial Submission Date12/29/2021Approval Date3/23/2022Effective Date10/1/2021

Superseded SPA ID TN 92-7; TN 92-24

User-Entered

F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

- 1. Amounts that would be deducted in determining eligibility under SSI.
- 2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their income.

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

Package Header

Package ID TN2020MS0002O

Submission Type Official

Approval Date 3/23/2022

Superseded SPA ID TN 92-7; TN 92-24

User-Entered

G. Additional Information (optional)

SPA ID TN-21-0010

Initial Submission Date 12/29/2021

Effective Date 10/1/2021

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 3/29/2022 12:49 PM EDT